



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4944

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/660,462 | FILING DATE<br>09/11/2003<br><br>RULE | CLASS<br>128 | GROUP ART UNIT<br>3743 | ATTORNEY<br>DOCKET NO.<br>016354-005211US |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

## APPLICANTS

Keith G. Lurie, Minneapolis, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/460,558 06/11/2003  
 which is a CIP of 10/426,161 04/28/2003

*verified*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*verified*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/04/2003

|  |                           |                         |                       |                            |
|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>MN | SHEETS<br>DRAWING<br>11 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                           |                         |                       |                            |
| Verified and<br>Acknowledged   | Examiner's Signature      | Initials                |                       |                            |

## ADDRESS

20350  
 TOWNSEND AND TOWNSEND AND CREW, LLP  
 TWO EMBARCADERO CENTER  
 EIGHTH FLOOR  
 SAN FRANCISCO , CA  
 94111-3834

## TITLE

VENTILATOR AND METHODS FOR TREATING HEAD TRAUMA

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>786 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
|-----------------------------------|---|---|

|  |                                       |
|--|---------------------------------------|
|  | <input type="checkbox"/> Other _____  |
|  | <input type="checkbox"/> Credit _____ |